

**Department of Health and Human Services (DHHS)
Advisory Committee on Problem Gambling (ACPG) – Program Concepts Workgroup**

August 15, 2016

DRAFT Minutes

Meeting Location: Via Teleconference

Physical Location: 1820 E Sahara Avenue, Suite 208 Las Vegas NV 89104

All Members Present

Stephanie Asteriadis Pyle

Ryan Gerchman

Ted Harwell

Dr. Jeff Marotta

Denise Quirk

Lana Robards

Sarah St. John

Sydney Smith

Others Present

Pat Petrie and Gloria Sulhoff, DHHS

Lori Flores and Aaron Lyons, The Problem Gambling Center

I. Call to Order

Ted Hartwell, Chair of the ACPG Program Concepts Workgroup, called the meeting to order at 1:30 PM.

Pat Petrie took roll call and a quorum was confirmed. There were no announcements.

II. Public Comment

None.

III. Approve Minutes of July 11, 2016 ACPG Program Concepts Workgroup Meeting

Sarah St. John had a correction to the minutes, but because that information was not immediately available, approval of the minutes was tabled until later in the meeting.

IV. FY16 Financial Summary Report

Mr. Hartwell explained that he had requested a financial summary report on the problem gambling program to provide a basis for discussion with regard to some of the talking points for the legislature.

Mr. Petrie reviewed a document posted on the website titled FY16 Problem Gambling Spending Report. The report listed each grantee, organized by program area, with the amount of each grant award, the total amount drawn, and unspent balance. In the treatment category, \$900,288 was awarded; the grantees spent \$740,208 or 82%, leaving a year-end balance of \$160,080 left unspent. The next category listed Program Enhancement grants to the treatment providers. These funds could be spent on advertising, curriculum, staff training, or anything that would enhance the treatment program. A total of \$13,142 was awarded; \$7,641 or 58% was spent, leaving \$5,501 unspent. The Prevention grantees were awarded \$200,210 and spent \$191,553 or 96%, leaving an unspent balance of \$8,657. In

Workforce Development, the sole grantee spent 100% of the award, \$49,032. UNLV, the Data Collection and Research grantee, spent \$88,992 or 89% of the \$100,000 award, leaving \$11,008 unspent. The Consultant contract award of \$51,526 was spent in full. Program-wide, 86% of the money granted out was spent, leaving a balance of \$185,247 unspent in FY16.

Mr. Petrie clarified that the report was compiled from the Department's fiscal logs. Sarah St. John will be presenting a more detailed report from UNLV data at the ACPG meeting. A notation at the bottom of the report indicated that if FY17 reimbursement rates had been applied, the State would have paid an additional \$143,985, which would have resulted in an unspent balance of \$41,262.

Mr. Petrie noted that the number of treatment claims fell sharply in the fourth quarter. System-wide, the goal for new clients seen in fiscal year 2016 was 611; only 73% of the goal was reached, 454. Numbers remained consistent in the first, second and third quarters, ranging from 118 to 148, but dropped to only 34 in the fourth quarter. New Frontier was the only treatment center that did not see a significant decrease in the last quarter of the year; all the other treatment providers fell way down. Mr. Hartwell recognized Lori Flores, of The Problem Gambling Center, for comment. She stated that generally, this is a very low time and they expect a lull, but they have never been this low.

Ms. Quirk wondered if advertising would help bring people in. Dr. Marotta responded that studies have looked at correlating mainly television spending to increased enrollments, and there is some supportive evidence for that, but less support for other forms of advertising.

V. Review of Draft Talking Points

Mr. Hartwell thanked Dr. Marotta and Stephanie Pyle for sending in their assigned talking points. He was particularly interested in Ms. Pyle's comment about the increase in the number of people being diagnosed with gambling disorder. Ms. Pyle reviewed the first bullet point in the "Draft Talking Points for Legislature" posted on the ACPG workgroup meetings webpage. She acknowledged that the wording needs editing. The point discussed the need for Departmental policies and infrastructure to integrate program gambling programs into existing programs and funding streams in the Health Division and SAPTA. Lana Robards added that this concept relates to treatment as well as prevention. SAMSHA's SABG (Substance Abuse Prevention and Treatment Block Grant) drops all funds into one pot for mental health and substance abuse; she asked if the Department could investigate whether non-chemical addictions could be included and if some of her homeless monies could be used for mental health and substance abuse. Mr. Hartwell volunteered to rewrite bullet point one and suggested that the supporting statements be included in a separate document of talking points so the main document is kept short and straightforward.

Dr. Marotta commented that while the point was valid, he was confused over how it relates to a need for increased funding. Ms. Pyle stated that the legislative concept behind it is to recommend policies and infrastructure to encourage programs at the State level to work together, but maybe that it is more of a DHHS staffing issue, rather than a legislative issue. Dr. Marotta stated that Pat Petrie is the State's staff support person for the problem gambling program, but his time is divided between this and other programs. There is not a full-time employee overseeing the program, and the argument could be made that increased staffing is needed to achieve the outcomes we hope for integrating between departments and programs. Ms. Pyle agreed that was a worthwhile way to approach the concept, and Mr. Hartwell volunteered to rewrite the bullet point based on the discussion.

Lana Robards, who worked on the second bullet point, discussed the need to grow the workforce. The need can never be met with the clinicians we have now. For example, New Frontier has clinicians who can provide treatment services, but they are not licensed through Alcohol Drug and Gambling. Mr. Hartwell agreed these were excellent points, but thought the language may need tweaking regarding the increase in the number of people being diagnosed, given changes in the DSM (Diagnostic and Statistical Manual of Mental Disorders). He felt this could be worked into a bullet point as a supporting statement for both areas, integration and workforce development.

The group discussed integrating services now that the DSM5 language is “substance abuse and addictive disorders”, not just substance abuse, and includes problem gambling. While it may increase competition, it’s the right thing to do. Ms. Pyle added that UNR Counseling Services has and does treat problem gambling disorders without being certified because their license allows them to, and it’s not their primary addiction. She wondered if that contributed to the fact that treatment money wasn’t used up this year. Sydney Smith, of RISE, said they see gamblers daily, but because they’re not a grantee, those numbers aren’t being captured. She agreed that if the clinicians knew there was money available for treatment, they would likely become certified. Mr. Hartwell asked Ms. Quirk to work on a statement on treatment, including something about the DSM5, perhaps in collaboration with Ms. Robards and Ms. Smith.

The group next discussed, given the new information regarding FY16 spending, the recommendation to ask the legislature for increased funding. Whether or not the Legislative Workgroup and ACPG decide to recommend asking for an increase, this subgroup’s task is to provide data supporting an increase. Dr. Marotta remembered the group’s last discussion as leaning toward one dollar per capita as the number. He added that the ‘this is what we want to do and this is what it costs’ approach may not be the best tactic because it gets quite detailed; we talked about bringing Nevada to the national standard goal of one dollar per capita. Mr. Hartwell commented that Dr. Marotta’s Talking Points document is helpful in describing the history, where the fund has gone, and getting it decoupled from the formula. Once the prevalence study and workforce issues are added, he hopes the fourth quarter decrease in treatment is seen as an aberration.

Dr. Marotta went on to say that Ms. St. John’s projections, based on the new reimbursement rates, is good news; if the new rates had been applied last year, all the money would have been spent, even with the decrease in clients. Ms. St. John suggested that instead of talking about how much was spent versus not spent, the discussion should be about how the program has only been able to focus on treatment , without advertising and promotion to get people into treatment. We are now seeing the negative impact of all those years; it’s not a reflection of reduced need, it’s a reflection of how our system has been short-funded. Dr. Marotta agreed; it’s what’s termed population health, and we have not done a good job because it is very resource intensive. Ms. St. John agreed to capture the thought into a new bullet point.

VI. Review Next Steps for Committee

Mr. Hartwell reviewed the latest assignments.

- Dr. Marotta will provide updated statistics for the talking points.
- Ms. Quirk will work with Ms. Robards and/or Ms. Smith to revise the second bullet point as had been discussed.
- Mr. Hartwell will work with Ms. Pyle to paraphrase the first bullet point and make it more legislative friendly.

- Ms. St. John will put together a bullet point on her final statement.

Mr. Hartwell asked everyone to complete their work and forward it to him by August 29. This will give him time to condense everything into a single document for review at the next workgroup meeting, which could be their last. He stated he would report on their progress at the ACPG meeting on Thursday.

Ms. Pyle asked Mr. Petrie if there would be a review to understand why the programs didn't spend out last year, or what might have contributed to that, to determine whether it's a trend or an anomaly. Mr. Petrie said that conversation will occur during the upcoming program reviews. Ms. Quirk asked if Mr. Petrie could provide a two- or three-year comparison of overall numbers, broken down by quarter, for the ACPG meeting.

Ms. Pyle stated she did not receive notice of the next ACPG meeting. Mr. Petrie stated that the meeting announcement was sent to ACPG members and to the Department's ListServ subscribers last week, so she should have received it. For future reference, the quarterly ACPG meetings are scheduled for the third Thursday of every third month, beginning in February. Meeting dates are posted on the State's public meeting notice site at <https://notice.nv.gov/> and on the ACPG meeting webpage at http://dhhs.nv.gov/Programs/Grants/Advisory_Committees/ACPG/.

Item III. Approval of the July 11 Meeting Minutes

Sarah St. John indicated that Rachel Volberg's name was incorrect on page three.

- Ms. Quirk moved to approved the minutes of the July 11, 2016 ACPG Program Concepts Workgroup meeting, with the correction noted. Ms. Pyle seconded the motion and it carried unopposed.

VII. Public Comment

None

VIII. Schedule Next Meeting if Needed

The group agreed to meet via teleconference on Monday, September 19, at 1:30 pm.

IX. Additional Announcements and Adjournment

Mr. Hartwell thanked everyone for their work thus far and entertained a motion to adjourn.

- Ms. Pyle moved to adjourn the meeting; Ms. Smith seconded, and the meeting adjourned at 2:45 pm.